

## 1.) CORPORATION NAME:

**VIRGINIA CANCER INSTITUTE INCORPORATED**DUE DATE: **12/31/2013**

## 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THOMAS W MCCANDLISH  
MCCANDLISH HOLTON PC  
1111 E MAIN ST STE 1500**
SCC ID NO: **01811637****RICHMOND, VA**

## 5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

## 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

## 4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

## 6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6605 W Broad Street, Suite A

CITY/ST/ZIP: RICHMOND, VA 23230

## 7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MAURICE C SCHWARZ  
TITLE: Officer  
ADDRESS: 6605 W BROAD ST  
STE C  
CITY/ST/ZIP/CO: RICHMOND, VA 23230

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OFFICER

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DIRECTOR

NAME: ELKE K FRIEDMAN  
TITLE: VICE PRESIDENT  
ADDRESS: 6605 WEST BROAD STREET SUITE C  
CITY/ST/ZIP/CO: RICHMOND, VA 23230

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OFFICER

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DIRECTOR

NAME: PABLO M GONZALEZ  
TITLE: VP/T  
ADDRESS: 6605 W BROAD ST  
STE C  
CITY/ST/ZIP/CO: RICHMOND, VA 23230

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OFFICER

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DIRECTOR

NAME: JAMES T MAY III  
TITLE: Officer  
ADDRESS: 6605 W BROAD ST  
STE C  
CITY/ST/ZIP/CO: RICHMOND, VA 23230

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OFFICER

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DIRECTOR

NAME: JOSEPH P EVERS  
TITLE: Officer  
ADDRESS: 6605 W BROAD STREET SUITE C  
CITY/ST/ZIP/CO: RICHMOND, VA 23230

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OFFICER

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DIRECTOR

NAME: Reed Brian Mitchell  
TITLE: PRESIDENT  
ADDRESS: 6605 West Broad St, Suite A  
CITY/ST/ZIP/CO: Richmond, VA 23230

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OFFICER

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DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Seaborn McDonald Wade III SECRETARY 6605 West Broad St, Suite A Richmond, VA 23230	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sharon Goble Officer 6605 West Broad St, Suite A Richmond, VA 23230	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Maura Kelly Hagan Officer 6605 West Broad St, Suite A Richmond, VA 23230	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James L Khatcheressian Officer 6605 West Broad St, Suite A Richmond, VA 23230	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lawrence M Lewkow Officer 6605 West Broad St, Suite A Richmond, VA 23230	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joshua J McFarlane Officer 6605 West Broad St, Suite A Richmond, VA 23230	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Attique Samdani Officer 6605 West Broad St, Suite A Richmond, VA 23230	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gisa G Schunn Officer 6605 West Broad St, Suite A Richmond, VA 23230	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David F Trent Officer 6605 West Broad St, Suite A Richmond, VA 23230	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Will R Voelzke Officer 6605 West Broad St, Suite A Richmond, VA 23230	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ Reed BrianMitchell		Reed BrianMitchell,		12/20/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					